



293/002 Div. 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : David S. Goldsteen et al.  
Application No. : 09/955,244 Confirmation No.: 1651  
Filed : September 17, 2001  
For : MEDICAL GRAFTING METHODS AND APPARATUS  
Group Art Unit : 3731  
Examiner : Michael H. Thaler

New York, New York 10020

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

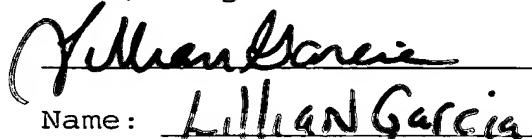
EXPRESS MAIL CERTIFICATION

"Express Mail" Mailing Label No. EV371749753US  
Date of Deposit: February 16, 2005

I hereby certify that this certification and  
the following papers and fees:

1. Transmittal Letter (in duplicate);
2. Reply to Office Action; and
3. Return postcard

are being deposited with the United States Postal Service  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under  
37 C.F.R. § 1.10 on the date indicated above and are  
addressed to Mail Stop Amendment, Commissioner for  
Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

  
Name: Lillian Garcia

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TRANSMITTAL LETTER

Sir:

Transmitted herewith: [ ] a Preliminary Amendment;  
 a Reply to Office Action; [ ] a Declaration; [ ] a Power  
of Attorney; [ ] a Submission of Formal Drawings; to be filed  
in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

A fee for additional claims is not required.

[ ] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	24	-	27 * = 0 X \$ 50	= \$ 0.00
INDEPENDENT CLAIMS	1	-	1 ** = 0 X \$ 200	= \$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$ 360 = \$ 0.00

\* If less than 20, insert 20.

TOTAL \$ 0.00

\*\* If less than 3, insert 3.

- A check in the amount of \$ \_\_\_\_\_ in payment of the fee for additional claims is transmitted herewith.
- Please charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_ in payment of the fee for additional claims.
- The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[ ] The following extension is applicable to the Response filed herewith: [ ] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [ ] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [ ] \$1020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [ ] \$1590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [ ] \$2160.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).

[ ] A check in the amount of [ ] \$120.00; [ ] \$450.00; [ ] \$1020.00; [ ] \$1590.00; [ ] \$2160.00; in payment of the extension fee is transmitted herewith.

[ ] Please charge the [ ] \$120.00; [ ] \$450.00; [ ] \$1020.00; [ ] \$1590.00; [ ] \$2160.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[x] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

  
\_\_\_\_\_  
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REPLY TO OFFICE ACTION

Sir:

In response to the Office Action dated November 16, 2004, applicants hereby amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.